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STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

APPLICATION FOR PEDIATRIC MODERATE SEDATION SITE CERTIFICATE

FEE: $100

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

MISSOURI DENTAL BOARD
3605 MISSOURI BOULEVARD
P.O. BOX 1367
JEFFERSON CITY MO 65102-1367
TELEPHONE: (573) 751-0040
TTY: (800) 735-2966

SECTION I – DENTAL OFFICE INFORMATION

NAME OF DENTAL OFFICE		
NAME OF DENTIST-IN-CHARGE (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)		
DENTAL OFFICE ADDRESS		
CITY	STATE	ZIP CODE
DENTAL OFFICE TELEPHONE NUMBER	FAX NUMBER	

SECTION II – DENTIST-IN-CHARGE

Please answer the following questions to establish your qualifications for a pediatric moderate sedation site certificate.	YES	NO
1. Is the primary administrator of sedation a qualified sedation provider as set forth in 20 CSR 2110-4.010(1)(cc)?	☐	☐
2. Do all moderate sedation team members (two minimum), including yourself, possess and maintain current certification in basic life support (BLS) or advanced cardiac life support (ACLS) or Pediatric Advanced Life Support (PALS)? Online only courses will not be accepted to satisfy this requirement. **Please attach appropriate documentation.**	☐	☐
3. During the past five (5) years have all moderate sedation team members, including yourself, completed a board-approved course in monitoring sedated patients? **Please attach appropriate documentation.**	☐	☐
4. Does the dental office have written protocols for sedation of dental patients as set forth in 20 CSR 2110-4.020 and 20 CSR 2110-4.030? See the "Affidavit of Written Protocols for Sedation of Dental Patients" form that must be signed by the dentist-in-charge in the presence of a Notary Public and returned to the Board office with this completed application.	☐	☐

SECTION III – EQUIPMENT

Is the dental office properly maintained and equipped with the following:	YES	NO
1. A suction system allowing tonsillar and catheter suction?	☐	☐
2. A positive pressure oxygen delivery system.	☐	☐
3. Inhalation anesthetic systems coded to prevent accidental administration of the wrong gas and equipped with a fail-safe mechanism?	☐	☐
4. A portable oxygen unit with appropriate accessories?	☐	☐
5. A pulse oximetry monitor?	☐	☐
6. A defibrillator (an automatic defibrillator is recommended)?	☐	☐
7. An electrocardiograph (only if the primary administrator of parenteral conscious sedation is competent in its use and interpretation.)?	☐	☐
8. Back-up systems, including a protocol for obtaining emergency assistance, battery-powered lighting of sufficient intensity to complete any procedure and back-up suction to complete any procedure?	☐	☐
9. An emergency kit, including unexpired emergency medications?	☐	☐
10. Airway and ventilation equipment, including oxygen, full face masks of appropriate sizes, mechanism to deliver oxygen with positive pressure, equipment for performing an emergency cricothyrotomy, nasopharyngeal and oral airways?	☐	☐
11. Syringes and needles for IV drug administration?	☐	☐
12. IV solutions and equipment for establishment of an IV route and appropriate fluids?	☐	☐
13. Sterile diluent?	☐	☐

Before a site certificate is issued, the dental office shall undergo a facility inspection as set forth in 20 CSR 2110-4.030 to confirm the adequacy of the dental office and the qualifications of the sedation team.

Please list below the name(s) and permit number(s) (if applicable) of the individual(s) who intends to administer moderate sedation services at this dental office.

LICENSEE	PERMIT NUMBER	LICENSEE	PERMIT NUMBER
LICENSEE	PERMIT NUMBER	LICENSEE	PERMIT NUMBER

SWORN AFFIDAVIT

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the dentist-in-charge referred to in the proceeding application for a Pediatric Moderate Sedation Site Certificate in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration, this application as required by the Missouri law governing the practice of dentistry and subject to the rules and regulations of the Missouri Dental Board. I subscribe and agree to abide by all applicable laws and rules regarding the practice of dentistry. I hereby certify that I have familiarized myself with Chapter 332, RSMo, known as the Dental Practice Act and applicable rules promulgated by the Missouri Dental Board.

Enclosed is the permit fee which is nonrefundable. I understand that the Board may require further information or evidence that it deems reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

MUST BE SIGNED IN PRESENCE OF NOTARY ▸	SIGNATURE OF APPLICANT	
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	NOTARY PUBLIC SIGNATURE / MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	